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Application Number: 09/606,811

Filing Date: Jun 28, 2000

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- 2. Fee Transmittal
- 3. Response to Office Action Dated 6/25/2003 (18 pages)

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ATTORNEY DOCKET NO. MS1-452US CONFIRMATIO NO. 6463

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PTO/SB/17 (10-03)
Approved for use through 07/31/2006, OMB 0651-0032
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FEE TRANSMITTAL Complete If Known 109/606.811					
FEE IRANSIVIIIIAL Application Number 09/606,811	,				
for FY 2004 Filing Date Jun 28, 2000	A				
Effective 10/01/2003. Patent fees are subject to annual revision.					
Examiner Name SPOONER, LAMONT M					
Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2654					
TOTAL AMOUNT OF PAYMENT (\$) 0.00 Attorney Docket No. MS1-452US					
METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)	FEE CALCULATION (continued)				
Check Credit card Money Other None 3. ADDITIONAL FEES Large Entity Small Entity					
Deposit Account Number 12-0769 Fee Code (\$) Fee Description Fee Description Code (\$) Surcharge - late filling fee or oath	e Paid				
Deposit Account Name Lee & Hayes, PLLC 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet					

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Deposit Account:		Large	Entity	8mal	<u>Entity</u>			
Deposit Account 12-0769		Fee Code	Fae (\$)	Fee Code	Foe (\$)	Fee Description	Fee Paid	
Number		1051	130	2051	65	Surcharge - late filing fee or oath		
Deposit Account Name	PLLC	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet		
The Director is authorized to: (check all that a	(poly)	1053	130	1053	130	Non-English specification		
Charge fee(s) Indicated below Credit any overpayments		1812	2,520	1812	2,520	For filing a request for ex parte reexamination		
Charge any additional fee(s) or any underpayment of fee(s)		1804	9 20°	1804	9201	Requesting publication of SIR prior to Examiner action		
Charge tee(s) indicated below, except for the filling fee to the above-identified deposit account.			1,840*	1805	1,840°	Requesting publication of SIR after Examiner action		
FEE CALCULATION	v.	1251	110	2251	55	Extension for reply within first month	1 1	
1. BASIC FILING FEE		1252	420	2252	210	Extension for reply within second month		
Large Entity Small Entity		1253	950	2253	475	Extension for reply within third month		
Fee Fee Fee Fee Fee Description Code (\$)	Fee Paid	1254	1,480	2254	740	Extension for reply within fourth month		
1001 770 2001 385 Utility filing fee		1255	2,010	2255	1,005	Extension for reply within fifth month		
1002 340 2002 170 Design filing fee	,	1401	330	2401	165	Notice of Appeal		
1003 530 2003 265 Plant filing fee		1402	330	2402	165	Filing a brief in support of an appeal		
1004 770 2004 385 Reissue filing fe	e 🗀	1403	290	2403	145	Request for oral hearing		
1005 160 2005 80 Provisional filing	fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding		
SUBTOTAL (1)	(\$) O	1452	110	2452	55	Petition to revive - unavoidable		
2. EXTRA CLAIM FEES FOR UTILIT		1453	1,330	2453	666	Petition to revive - unintentional		
	Fee from	1501	1,330	2501	665	Utility issue fee (or reissue)		
Extra Claims Total Claims 36 -20** = 0 x	below Fee Paid	1502	480	2502	240	Design issue fee		
Independent		1503	640	2503	320	Plant issue fee		
Claims 5 - 3** = 0 X [Multiple Dependent		1460	130	1480	130	Petitions to the Commissioner		
l	لسبب السبب	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee	tion	1806	180	1808		Submission of Information Disclosure Strnt		
Code (\$) Code (\$) 1202 18 2202 9 Claims in exce		8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
	aime in excess of 3	1809	770	2609	385	Filling a submission after final rejection (37 CFR 1.129(a))		
1	dent claim, if not paid	1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))		
1204 86 2204 43 ** Reissue inde over original	pendent claims patent	1801	770	2801	385	Request for Continued Examination (RCE)		
1205 18 2205 9 ** Relssue clair and over orig	ns in excess of 20 inal pat e nt	1802	800	1802	900	Request for expedited examination of a design application		
			Other fee (specify)					
SUBTOTAL (2) **or number previously paid, if greater, For R	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00							
(a) (b) (c)								

SUBMITTED BY

(Complete (# applicable))

Name (Print/Type)

Levis C Lee

Registration No. (Aftornew/Agent)

Signature

(Complete (# applicable))

Telephone (509) 324-9256

Date 23 7-ly 200 Y

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